

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012066

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

156

Primary Registration District No.

2001

Registrar's No.

190

1. PLACE OF DEATH

a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JoplinLength of stay in 1b
3 Daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John's Hosp.Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Cherokee

c. CITY OR TOWN Galena

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
902 MainReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

DANIEL THOMAS ABBEY

4. DATE OF DEATH

Month

Day

Year

APRIL 3 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/29/03

9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Teacher10b. KIND OF BUSINESS OR INDUSTRY
Public Schools11. BIRTHPLACE (City and state or country)
Galena, Kansas12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Harry M. Abbey

13b. MOTHER'S MAIDEN NAME

Lucy White

14. NAME OF HUSBAND OR WIFE

Edith Abbey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Edith Abbey Galena, Kansas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Metastatic Carcinomatosis
Carcinoma ColonINTERVAL BETWEEN ONSET AND DEATH
3 mo

2 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1947 to 3 April 63 and last saw her alive on 2 April 63
Death occurred at 12:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert G. Powell MD

22b. ADDRESS

Joplin, Mo

22c. DATE SIGNED

3 April 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4/5/63

23c. NAME OF CEMETERY OR CREMATORY

Hill Crest Cemetery

23d. LOCATION (City, town, or county)

Galena, Kansas

24. FUNERAL DIRECTOR

ADDRESS

KITCH-Hurley Mortuary, Galena, KS.

25. DATE RECD. BY LOCAL REG.

4-5-1963

26. REGISTRAR'S SIGNATURE

Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

7-1-63

April 3, 1963

4 April 3-1963

DOCUMENT

BY AFFIDAVIT OF informant

JUN 19 1963

APR 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{did not Embalm} ~~was~~ embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harvey E. Amos

Licensed Embalmer No. 4463

P. O. Address

Josephine 1218

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.